



APPLICATION FOR CERTIFICATE OF APPROPRIATENESS
(Fence Construction)
HISTORIC PRESERVATION COMMISSION
CITY OF JACKSON

1. Date Submitted: _____

2. Location of Property _____
Street Address

City/State Zip Code Parcel Number
(Parcel number can be searched at: http://www.co.hinds.ms.us/pgs/apps/landroll_query.asp)

3. Historic Designation: (Please check one and write in the official name of the resource)

- ☐ Historic District _____
- ☐ Landmark _____
- ☐ Landmark Site _____

4. Applicant: _____
Name Telephone Number Email

Street Address City/State Zip Code

Applicant Is: Owner Lessee Architect Contractor Other

5. Owner: _____
(If different from applicant) Telephone Number Email

Street Address City/State Zip Code

6. Type of Work:

- ☐ Construct side yard fence
- ☐ Construct back yard fence

7. Description of Proposed Work: If additional space is needed to outline proposed work, please attach a more detailed description. Specify the name of the architect or contractor if any.

8. Supporting Documentation: This application will be deemed incomplete if supporting documentation is not received. One original set of the application with one copy of the supporting documentation must be submitted for constructing a side yard or back yard fence. Cases will not be reviewed until the sufficient documentation is received.

- ☐ Photographs of the house and the proposed fence location
- ☐ Site or Plot Plan or Survey showing the proposed fence location
- ☐ Fence Design Drawing or Manufacture's Specifications of the proposed fence
- ☐ Material and Height of the proposed fence
- ☐ Other

9. Staff Preliminary Review: JHPC staff will review the submitted application and supporting documentation to determine if the application request is complete and make the recommendations. Please contact the JHPC staff for detail information at: (601) 960-1857 or raghili@city.jackson.ms.us

10. Application Fee and Submittal: Return this application to City of Jackson, Historic Preservation, 200 S. President Street, P.O. Box 17, Jackson, MS 39205-0017 with a non-refundable check for \$26.00 made payable to the City of Jackson. **Completed** applications must be received by **12:00 Noon** on the deadline as outlined in the Certificate of Appropriateness Application Filing Dates schedule. **No personal checks!**

11. Application is hereby made for the issuance of a Certificate of Appropriateness under Section 70, Article III of the Jackson Code of Ordinance. By signing this application, I hereby acknowledge that the information contained herein or subsequently submitted is true and correct to my knowledge.

Applicant's Signature: _____
Date

Owner's Signature: _____
Date